

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28311

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 5075
City St. Louis (No. 5075, Union Ave)

File No.
Registered No. 7456
St. Ward)

2. FULL NAME

(a) Residence, No. 5075 Union Ave St. 7 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wilhelmina S. C. Burroughs</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 9, 1861</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>7</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter Own Business</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ills</u>
	13. NAME <u>Robert Burroughs</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>
	15. MAIDEN NAME <u>Richardson</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>
	17. INFORMANT (ADDRESS) <u>Wilhelmina S. C. Burroughs</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Bethlehem</u> DATE <u>Aug. 30, 1933</u>	
19. UNDERTAKER <u>Math. Burmann & Son</u> (ADDRESS) <u>2161 E. Grand Ave</u>	
20. FILED <u>29 1933</u> <u>J. F. Bredeck</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 27, 1933
22. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1933 to Aug. 27, 1933, 19...
I last saw alive on 19... Death is said to have occurred on the date stated above, at 110 A. m.
The principal cause of death and related causes of importance were as follows:

Hypo Statice
Chronic interstis
Neplutis
Date of onset

Name of operation Date of
What test confirmed diagnosis? Negative Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Hacerin M. D.
(Address) 5075 Union Ave

